



**TENNESSEE BOARD OF MEDICAL EXAMINERS  
COMMITTEE ON PHYSICIAN ASSISTANTS  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243**

[www.tn.gov/health](http://www.tn.gov/health)

(800) 778-4123, ext. 532-4384 or (615) 532-3202, ext. 532-4384

**NOTICE OF TERMINATION OF SUPERVISORY RELATIONSHIP**

I am a physician who is terminating my supervisory relationship with the following:

- ☐ physician assistant; or
- ☐ advanced practice registered nurse

\_\_\_\_\_  
Name of physician assistant/advanced practice registered nurse

\_\_\_\_\_  
License number

By my signature below, I attest that:

- ☐ I have notified my supervisee of my intent to terminate our relationship; or
- ☐ I have not notified my supervisee of my intent to terminate our relationship; however, I no longer work with this provider and have no reasonable way of contacting him or her; or
- ☐ I do not know this provider and have never had a supervisory relationship with him or her.

\_\_\_\_\_  
Supervising physician

\_\_\_\_\_  
License number

\_\_\_\_\_  
Date

I am a physician assistant or advanced practice registered nurse who is terminating my supervisory relationship with the following physician (if you are terminating your relationship with more than one supervisor you may identify the physician(s) in an addendum to this document):

\_\_\_\_\_  
Name of supervising physician

\_\_\_\_\_  
License number

\_\_\_\_\_  
Physician assistant/advanced practice registered nurse

\_\_\_\_\_  
License number

\_\_\_\_\_  
Date